

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395806	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 02/10/2023
NAME OF PROVIDER OR SUPPLIER: ST. ANNE'S RETIREMENT COMMUNITY STATE LICENSE NUMBER: 450102			STREET ADDRESS, CITY, STATE, ZIP CODE: 3952 COLUMBIA AVENUE COLUMBIA, PA 17512		
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F 0000	INITIAL COMMENT	F 0000			
F 0689	Based on a Medicare/Medicaid Recertification survey, State Licensure survey, and Civil Rights Compliance survey completed on February 2, 2023, it was determined that St. Anne's Retirement Community was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirments for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as it related to the health portion of the survey process.	F 0689			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0689 SS=D	Continued from page 1 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	This plan of correction is required by State and Federal law. This plan of correction does not constitute an admission for purposes of general liability, professional malpractice or any other court proceedings. For resident #53, staff will check in on the resident for any needs she may have after being notified by the family that they are leaving. Staff will offer to bring resident to the common area for group/individual activities. Nursing Administration/Designee will re-educate the staff on the importance of checking on a resident for any needs when family has told them they are leaving. We will review the charts of all other residents for this intervention and proceed accordingly. Audits will be done for 4 weeks on residents with this particular fall prevention intervention to ensure compliance. The results of the audit will be forwarded to the QAPI	Completion Date: 04/07/2023 Status: APPROVED Date: 03/02/2023	

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F 0689 SS=D	Continued from page 2	F 0689	Committee. The QAPI Committee will determine whether to continue or discontinue the audit.		

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F 0689 SS=D	Continued from page 3 Based upon review of facility policy and procedure, interview, and clinical record review, it was determined the facility failed to provide toileting services as requested to one resident resulting in a fall for one of seven residents reviewed (Resident 53). Findings include: Review of facility policy and procedure titled "Fall Management Program", reviewed August 25, 2022, revealed "Risk Assessment - formal/documented assessment tool that identifies those residents at risk and the degree that they are at risk by assessing past history and present condition; assessments done on admission, readmission, quarterly, and when there is a significant change in condition." Further review of this policy and procedure revealed "Preventative measures/interventions - decrease environmental risks, obstacles and clutter."	F 0689			

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F 0689 SS=D	Continued from page 4 Further review of this policy and procedure revealed "Post fall investigation/guidelines/management: toilet schedule; review of bowel/bladder patterns." Review of Resident 53's Admission Falls Risk Assessment dated September 23, 2022, revealed a score of 11 indicating Resident 53 was at risk for falls. Review of Resident 53's Admission Minimum Data Set (MDS - periodic assessment of resident needs) dated September 29, 2022, revealed Resident 53 required the extensive assistance of one staff member for toileting. Further review of Resident 53's Admission MDS revealed a Brief Interview for Mental Status (BIMS) score of 6 indicating cognitive impairment. Review of Resident 53's current plan of care revealed Resident 53 was at risk for falls and family was to notify the facility when leaving after visiting.	F 0689			

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F 0689 SS=D	<p>Continued from page 5</p> <p>Interview with Resident 53's family member on January 31, 2023, at 2:00 p.m. revealed on Thursday, November 24, 2022, after visiting with Resident 53, family member notified staff that she was leaving the facility and that Resident 53 needed to be toileted. The staff member indicated to the family member that they were leaving in 15 minutes.</p> <p>This interview further revealed that shortly after leaving the facility family member received a phone call that Resident 53 had fallen and was being sent to the hospital.</p> <p>Review of Resident 53's progress notes dated November 24, 2022, revealed "found on floor of bathroom. Left leg is painful and she is unable to move it. Provider notified and gave orders to send to ER [acute care facility] for eval.[evaluation] POA [power of attorney] updated."</p> <p>Further review of Resident 53's progress notes dated November 29, 2022, revealed "Resident arrived to Room 133 in stable condition from [acute</p>	F 0689			

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F 0689 SS=D	Continued from page 6 care facility]. [Resident] had an ORIF [open reduction internal fixation] of [resident] left femur [large bone located in upper leg]." Interview with the Nursing Home Administrator and Director of Nursing on February 3, 2022, at approximately 1:00 p.m. revealed the facility was not always able to promptly address toileting needs and the assumption was that Resident 53 toileted himself/herself due to his/her lack of safety awareness. The facility failed to ensure Resident 53 was toileted as requested, requiring Resident 53 to attempt to toilet himself/herself resulting in a fall in the bathroom which resulted in a fractured femur requiring surgery for repair. 28 Pa. Code 211.12(c)(d)(1)(5) Nursing services	F 0689			
F 0692 SS=D		F 0692			

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F 0692 SS=D	Continued from page 7 483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:	F 0692	This plan of correction is required by State and Federal law. This plan of correction does not constitute an admission for purposes of general liability, professional malpractice or any other court proceedings. For resident #56, the Physician was notified of her weight loss. Weekly weights were initiated. Speech therapy later evaluated the resident and diet modifications were made. We have reviewed each resident chart to be sure that weights were being completed as currently ordered. A specific order has now been created in the EMR, which includes weights being recorded directly on the MAR in an effort to reduce the chances of weights not being obtained. Staff education will be completed by Nursing Administration/Designee that when a weight loss alert is generated in the EMR, that only the dietician will clear these alerts. Staff will be educated by Nursing Administration/Designee on the	Completion Date: 04/07/2023 Status: APPROVED Date: 03/02/2023	

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F 0692 SS=D	Continued from page 8	F 0692	<p>dietician's use of a UDA (User Defined Assessment) addressing weight loss, which may include recommendations to address that weight loss.</p> <p>Weight losses which meet the criteria as defined in the Weight Monitoring Protocol policy will be audited x 4 weeks to ensure that the appropriate interventions have been completed. The results of the audits will be forwarded to the QAPI Committee. The QAPI Committee will determine whether to continue or discontinue the audit.</p>		

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F 0692 SS=D	Continued from page 9 Based on facility policy, clinical record review, and staff interview, it was determined that the facility failed to timely address a significant weight loss for one of eight residents reviewed (Resident 56). Findings include: Review of facility policy, "Weight Monitoring Protocol", reviewed October 5, 2022, indicated that "if significant unplanned weight loss of 5% in one month or 10% in six months, the following steps are taken: a. Nursing will reweigh the resident to check accuracy the next day but no more than 48 hours, b. If weight is accurate, notify the physician, c. Residents with significant weight changes will be weighed weekly for 4 weeks and referred for dietician monitoring, d. POA/Responsible Party to be notified of significant weight changes, e. Care plan to be updated as needed". Review of Resident 56's clinical record revealed a	F 0692			

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F 0692 SS=D	<p>Continued from page 10</p> <p>weight of 110.1 pounds on November 3, 2022. Weight and reweight recorded on December 6, 2022, was 98.5 pounds (loss of 11.6 pounds or 10.5%. Review of nursing progress note of December 13, 2022, indicated "weight noted". Further review of the clinical record revealed weekly weights were not obtained and the next weight obtained was 101.9 pounds on December 30, 2022.</p> <p>Review of Weight Loss Monitoring Note of December 30, 2022, indicated ongoing weight loss and recommended resident be weighed weekly for four weeks. Follow up weights were obtained on January 3, 2023 of 97.4 pounds, January 17, 2023 of 97.5 pounds, and February 1, 2023 of 95.0 pounds.</p> <p>Interview with Employee E3 on February 3, 2023, at 10:30 a.m. revealed that the dietitian was not aware of the significant weight loss and confirmed weekly weights should have been initiated at that time. Employee E3 also confirmed that weekly</p>	F 0692			

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F 0692 SS=D	Continued from page 11 weights were obtained consistently after the recommendation on December 30, 2022. 28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.10(c) Resident Care Policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services	F 0692			
F 0883 SS=D		F 0883			

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F 0883 SS=D	Continued from page 12 483.80(d)(1)(2) Influenza and Pneumococcal Immunizations §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 0883	This plan of correction is required by State and Federal law. This plan of correction does not constitute an admission for purposes of general liability, professional malpractice or any other court proceedings. A packet of COVID-19 vaccination educational material, including the potential benefits and side effects, will be sent to all residents or responsible parties of residents who have not been vaccinated or are not up to date on the vaccine. This includes resident #43. The Infection Preventionist/Designee will continue to establish the vaccination status of new admissions and those residents who are either unvaccinated or not up to date with vaccination, and will provide them with the vaccine informational packet. The Infection Preventionist/Designee will contact the resident/Responsible Party in follow-up to answer any questions. The resident/Responsible Party will be asked to acknowledge receipt of the informational packet and to indicate their desire to either receive	Completion Date: 04/07/2023 Status: APPROVED Date: 03/02/2023	

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F 0883 SS=D	Continued from page 13 (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:	F 0883	or decline the vaccine. Audits will be done on all current residents and any new admissions for 4 weeks. The results of the audit will be forwarded to the QAPI Committee. The QAPI Committee will determine whether to continue or discontinue the audit.		

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F 0883 SS=D	<p>Continued from page 14</p> <p>Based upon clinical record review, it was determined that the facility failed to provide education regarding the COVID-19 vaccine to resident and/or resident representatives prior to receiving/declining the COVID-19 vaccination for one of 24 residents reviewed (Resident 43).</p> <p>Findings include:</p> <p>Review of Resident 43's clinical record failed to reveal evidence that education regarding the COVID-19 vaccination was provided to Resident 43 or Resident 43's representative prior to Resident 43's representative declining the vaccination.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on February 3, 2023 at 1:00 p.m. failed to produce evidence that Resident 43 and/or their representative were provided educational material regarding the COVID-19 vaccination prior to Resident 43 and/or their representative declining the vaccination.</p>	F 0883			

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F 0883 SS=D	Continued from page 15 28 Pa. Code 201.18(a)(b)(1) Management	F 0883			



Certified End Page

ST. ANNE'S RETIREMENT COMMUNITY

STATE LICENSE NUMBER: 450102

SURVEY EXIT DATE: 02/10/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY